

Fill in this information to identify the case:

Debtor name **Somerville Brewing Company**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) **19-13300**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,630,296.79**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,630,296.79**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,357,437.57**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **176,690.86**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,499,027.03**

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ **3,033,155.46**

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Department of Unemployment Assistance Charles F. Hurley Building 19 Staniford Street Boston, MA 02114</p> <p>Date or dates debt was incurred 2018</p> <p>Last 4 digits of account number 1368</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Unemployment Contributions</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,690.86	\$6,690.86

2.2	<p>Priority creditor's name and mailing address</p> <p>Massachusetts Department of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Meals Tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$170,000.00	\$170,000.00
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	Nonpriority creditor's name and mailing address 35 Medford Owner, LLC 53 Maple Avenue Morristown, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,534.02
3.2	Nonpriority creditor's name and mailing address A.I.M. Mutual Insurance Companies 54 Third Avenue P.O. Box 4070 Burlington, MA 01803 Date(s) debt was incurred <u>11/14/2019</u> Last 4 digits of account number <u>018A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workers Compensation Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,617.00
3.3	Nonpriority creditor's name and mailing address Adam Dash and Associates 48 Grove Street, Ste. 304 Somerville, MA 02144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,296.00
3.4	Nonpriority creditor's name and mailing address Amy Chan 8 Boundary Terrace, Lwr North Apt #1 Devonshire, FL02 Bermuda Date(s) debt was incurred <u>1/17/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.5	Nonpriority creditor's name and mailing address Art in Etch 48 Dunstable Road Westford, MA 01886 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.6	Nonpriority creditor's name and mailing address Bill Bailey 30 North Shore Road Smiths, FL03 Bermuda Date(s) debt was incurred <u>5/26/2015 and 10/20/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.7	Nonpriority creditor's name and mailing address Boston Gourmet Chefs, Inc. P.O. Box 883 Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$958.42

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3.8	Nonpriority creditor's name and mailing address Brookline Ice Company, Inc. 225 Southampton Street Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,072.00
3.9	Nonpriority creditor's name and mailing address Callahan AC and Heating Services 91 Belmont Street North Andover, MA 01845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00
3.10	Nonpriority creditor's name and mailing address City of Somerville Office of Strategic Planning and Community Development 93 Highland Avenue Somerville, MA 02143 Date(s) debt was incurred <u>7/30/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,528.45
3.11	Nonpriority creditor's name and mailing address Devin McNeil 48 Dunstable Road Westford, MA 01886 Date(s) debt was incurred <u>3/4/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.12	Nonpriority creditor's name and mailing address DWS Printing 89 N. Industry Court Deer Park, NY 11729 Date(s) debt was incurred <u>2/24/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,610.04
3.13	Nonpriority creditor's name and mailing address Edelstein and Company 160 Federal Street, 9th Floor Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,273.00
3.14	Nonpriority creditor's name and mailing address Eric and Gwen Haller Overlook 8 Skyline Road Smiths FL Bermuda Date(s) debt was incurred <u>10/10/2018, 5/26/2015,</u> <u>1/4/2016, 10/20/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421,500.00

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3.15	Nonpriority creditor's name and mailing address Eversource P.O. Box 56007 Boston, MA 02205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,312.93
3.16	Nonpriority creditor's name and mailing address Falvey Linen Supply 23 Walpole Park S. Dr., Unit 6 Walpole, MA 02081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,342.43
3.17	Nonpriority creditor's name and mailing address Gennari Aronson, LLP 250 First Avenue, Suite 200 Needham Heights, MA 02494 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,956.63
3.18	Nonpriority creditor's name and mailing address Horace-Ward, LLC 15 Ward Street Somerville, MA 02143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,210.93
3.19	Nonpriority creditor's name and mailing address Iggy's 130 Fawcett Street Cambridge, MA 02138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$507.50
3.20	Nonpriority creditor's name and mailing address James Clark c/o JLS Mailing Services 672 Crescent Street Brockton, MA 02302 Date(s) debt was incurred <u>9/22/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,500.00
3.21	Nonpriority creditor's name and mailing address James S. Altschuler Mona K. Altschuler 27 Hathaway Road Lexington, MA 02420 Date(s) debt was incurred <u>2/27/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

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3.22	Nonpriority creditor's name and mailing address Jill McGaffigan 36 Glen Road Winchester, MA 01890 Date(s) debt was incurred <u>11/17/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.23	Nonpriority creditor's name and mailing address Karl Dias 94 Wason Street Medford, MA 02155 Date(s) debt was incurred <u>2/27/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.24	Nonpriority creditor's name and mailing address Kathleen A. Kennedy 2000 Trust c/o Marty Whalen and Kathleen Kennedy 472 East County Road 1000 North La Porte, IN 46350 Date(s) debt was incurred <u>3/1/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.25	Nonpriority creditor's name and mailing address Katsiroubas Bros. P.O. Box 220 Readville, MA 02137 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,551.82
3.26	Nonpriority creditor's name and mailing address Langer and McLaughlin, LLP 535 Boylston Street, 3rd Floor Boston, MA 02116 Date(s) debt was incurred <u>10/3/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,208.00
3.27	Nonpriority creditor's name and mailing address Laurence J. Slotnick 94 Grafton Street Arlington, MA 02474 Date(s) debt was incurred <u>2/27/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.28	Nonpriority creditor's name and mailing address Lifting Mind Inc. 36 Glen Road Winchester, MA 01890 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,450.00

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3.29	<p>Nonpriority creditor's name and mailing address Linda Leiter 33 Churchill Avenue Arlington, MA 02476 Date(s) debt was incurred <u>6/30/2015</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$6,953.00</p>
<hr/>			
3.30	<p>Nonpriority creditor's name and mailing address Lisa LeBlanc 9 Loquat Lane Smiths, FL08 Bermuda Date(s) debt was incurred <u>1/11/2016, 12/5/2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loans</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$40,000.00</p>
<hr/>			
3.31	<p>Nonpriority creditor's name and mailing address McDermott, Quilty and Miller LLP 28 State Street, Ste. 802 Boston, MA 02109 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,341.00</p>
<hr/>			
3.32	<p>Nonpriority creditor's name and mailing address Melissa Morton 140 Broadway New York, NY 10005 Date(s) debt was incurred <u>10/20/2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$25,000.00</p>
<hr/>			
3.33	<p>Nonpriority creditor's name and mailing address Michael Fox Point Shares Cottage 4 Point Shares Road Pembroke HM05 Bermuda Date(s) debt was incurred <u>10/20/2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$25,000.00</p>
<hr/>			
3.34	<p>Nonpriority creditor's name and mailing address Michael McNeil Mary Jo McNeil 48 Dunstable Road Westford, MA 01886 Date(s) debt was incurred <u>6/30/2015</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$22,367.00</p>
<hr/>			
3.35	<p>Nonpriority creditor's name and mailing address Michael Warren Benson Burnbridge 11 Gibbs Hill Road Southampton, SN02 Bermuda Date(s) debt was incurred <u>10/20/2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$25,000.00</p>

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3.36	Nonpriority creditor's name and mailing address National Grid Attn: Bankruptcy Department 300 Erie Boulevard West Syracuse, NY 13202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,568.84
3.37	Nonpriority creditor's name and mailing address Northeast Cutlery 244 Ash Street Reading, MA 01867 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.38	Nonpriority creditor's name and mailing address NuCo2 P.O. Box 9011 Stuart, FL 34995 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$785.50
3.39	Nonpriority creditor's name and mailing address Pauline Betty 39 Taylor Drive, Unit 3010 Reading, MA 01867 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,140.00
3.40	Nonpriority creditor's name and mailing address Paypal Working Capital Attn: Executive Escalation P.O. Box 5018 Lutherville Timonium, MD 21094 Date(s) debt was incurred <u>1/7/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,377.81
3.41	Nonpriority creditor's name and mailing address Performance Food Service P.O. Box 3024 Springfield, MA 01104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,664.99
3.42	Nonpriority creditor's name and mailing address Peter Schmidt Hollie Schmidt 2 Ewell Avenue Lexington, MA 02421 Date(s) debt was incurred <u>1/30/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00

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3.43	Nonpriority creditor's name and mailing address Richard Foster Lelani Foster 29 Hathaway Road Lexington, MA 02420 Date(s) debt was incurred <u>2/27/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.44	Nonpriority creditor's name and mailing address Rick McNeil Carol McNeil 48 Dunstable Road Westford, MA 01886 Date(s) debt was incurred <u>6/30/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,857.00
3.45	Nonpriority creditor's name and mailing address River Drive 600 Narragansett Tri Buxton, ME 04093 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,588.28
3.46	Nonpriority creditor's name and mailing address Russel O'Brian c/o JLS Mailing Services 672 Crescent Street Brockton, MA 02302 Date(s) debt was incurred <u>9/22/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,500.00
3.47	Nonpriority creditor's name and mailing address Save That Stuff, Inc. 200 Terminal Street Charlestown, MA 02129 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.29
3.48	Nonpriority creditor's name and mailing address Scott Mullen 68 Henderson Street Arlington, MA 02474 Date(s) debt was incurred <u>2/27/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.49	Nonpriority creditor's name and mailing address Spinning Wheels Express c/o Adcco, Inc. 152 Lynnway, Ste. 2-D Lynn, MA 01902 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00

Debtor	Somerville Brewing Company Name	Case number (if known)	19-13300
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3.50	Nonpriority creditor's name and mailing address Street Retail, Inc. Lockbox #9320 P.O. Box 8500 Philadelphia, PA 19178 Date(s) debt was incurred <u>7/1/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent - Assembly Square</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,614.00
3.51	Nonpriority creditor's name and mailing address The Marguerite H. McNeil Irrevocable Trust 48 Dunstable Road Westford, MA 01886 Date(s) debt was incurred <u>10/11/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.52	Nonpriority creditor's name and mailing address The O'Keefe Group, Inc. 17 Bank Street P.O. Box 1240 Attleboro, MA 02703 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,665.20
3.53	Nonpriority creditor's name and mailing address Tonneson and Company 401 Edgewater Place, Suite 300 Wakefield, MA 01880 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,611.08
3.54	Nonpriority creditor's name and mailing address U-Haul Moving and Storage 600 Mystic Valley Parkway Somerville, MA 02144 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.00
3.55	Nonpriority creditor's name and mailing address United Service Company 422A Boston Street Topsfield, MA 01983 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,756.87
3.56	Nonpriority creditor's name and mailing address William Tauro Marisa L. Tauro 60 Ferncroft Road Tewksbury, MA 01876 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Somerville Brewing Company**
Name

Case number (if known) **19-13300**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Mark Lindner P.O. Box 327 Randolph, MA 02368	Line 3.12 <input type="checkbox"/> Not listed. Explain _____	—
4.2	National Grid P.O. Box 11735 Newark, NJ 07101	Line 3.36 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Street Retail, Inc. c/o Anthony M. Moccia Two International Place, 16th Floor Boston, MA 02110	Line 3.50 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 176,690.86
5b. +	\$ 1,499,027.03
5c.	\$ 1,675,717.89

**United States Bankruptcy Court
District of Massachusetts**

In re **Somerville Brewing Company**

Debtor(s)

Case No. **19-13300**

Chapter **11**

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the President and Treasurer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 6, 2020**

/s/ Jeffrey Leiter

Jeffrey Leiter/President and Treasurer

Signer/Title

35 Medford Owner, LLC
53 Maple Avenue
Morristown, NJ 07960

A.I.M. Mutual Insurance Companies
54 Third Avenue
P.O. Box 4070
Burlington, MA 01803

Adam Dash and Associates
48 Grove Street, Ste. 304
Somerville, MA 02144

NuCo2
P.O. Box 9011
Stuart, FL 34995

U-Haul Moving and Storage
600 Mystic Valley Parkway
Somerville, MA 02144